

UNCOMPAHGRE BOARD OF COOPERATIVE SERVICES (UNBOCS)

“Information to Share” Newsletter

Serving Norwood, Ouray, Ridgway, Telluride and West End Schools

VOLUME 8 ISSUE 1

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Director’s Note: Welcome to the 2008-2009 School Year!

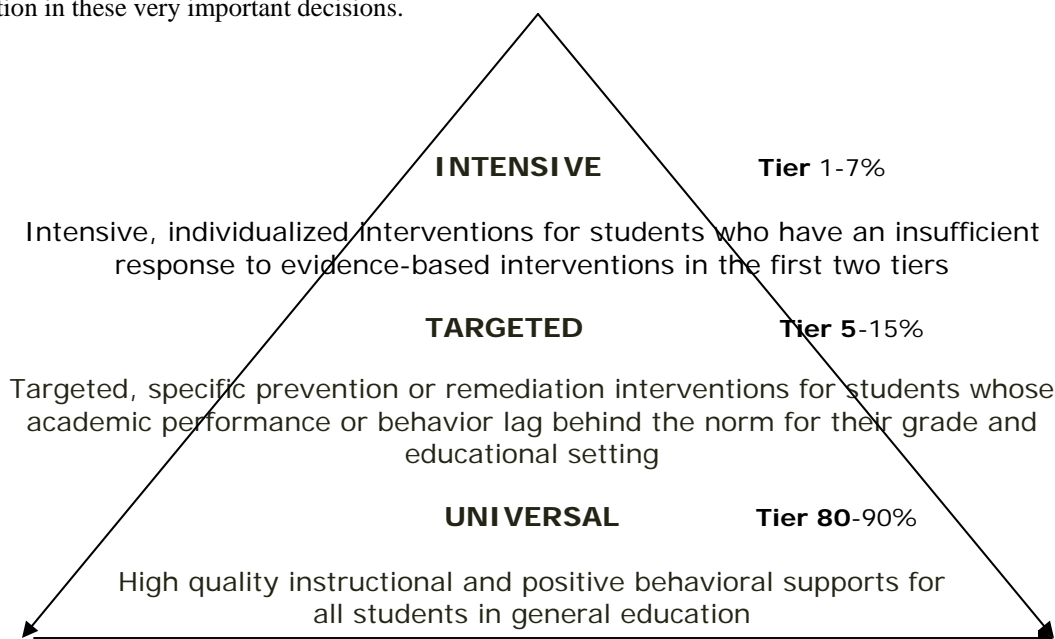
Our website is now active and will be updated throughout out the school year. We are almost fully staffed, with just a couple of positions yet to fill at the UnBOCS. All special education teacher openings at the district level have been filled at this time.

Our focus at the UnBOCS this year is to support our districts implementation of their school intervention teams following the Response to Intervention (RtI) state initiative.

RtI in simple terms is looking at student achievement, implementing research-based instructional interventions to struggling students. and making decisions regarding their success based upon data collected through a frequent progress monitoring process. Any referral for an individual and full evaluation for special education support will follow these guidelines and require documentation of specific interventions provided to students over time.

This philosophy of examining data, designing specific instructional strategies, and implementing them with fidelity over time, will allow students avenues for success in the general education environment while preserving special education support for those students who do not show improvement. The end result will be students getting their academic needs met in general education and more accurate placement of students in need into special education programs.

The RtI visual below shows how RTI Problem solving is a self-correcting methodology to identify, analyze, and intervene with difficulties at the individual, group and system levels. Parents are vital partners in this process and will be involved with school staff in on-going conversations regarding any interventions provided for their children. We welcome your questions and your active participation in these very important decisions.



2008-2009

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- *Julie Derbes, Fiscal

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- *Annie Gibson and Charley Abernathy, Therapy Assistants

- *Jill O’Dell, and Annie Clark, OT

- *Melissa Turner, PT and Patty McIntosh PTA

- *Pam Petersen, Audiologist

- *Virginia Kile, Johanna Wasser, and Stevenson, Early Childhood Specialists

- *Sharon Sirotek, Jessica Burress, and Lisa McClun Psychologists

- *Ursula Cristol, and Roberta Doser, Cultural Mediators

- *Dee Williams and Julianne Michaels, SWAP

- *Wendy Bolane , GT

RESPONSE TO INTERVENTION (RTI) WITH STUDENTS WHO ARE DEAF OR HARD OF HEARING (DHH)

By Pam Petersen, UnBOCS Audiologist

As a rural school audiologist, I had the opportunity to attend a meeting for Teachers of the Deaf and Hard of Hearing (TOD). A school audiologist in the state of Colorado must identify hearing loss in children birth to 21 years old and determine the impact of that hearing loss on their education, according to the state Audiology Standards of Practice. Therefore we have always had and continue to have an important role in the RTI model for DHH students. I felt information we could obtain from this meeting would be pertinent for me as a rural audiologist and for those teams that I work with.

There is a continuum of services for DHH students ranging from regular education to regular education with 504 accommodations to special education placement with an IEP with consultative or direct services to placement in a day school or residential school. The audiologist and TOD have roles in helping the schools determine where each DHH student fits on this continuum. These roles are follows:

AUDIOLOGIST

Initial contact for all DHH students
Screen data and make recommendations
Provide accommodations, decisions re:
Assistive technology (FMs, etc)
Collaborate and consult with teams working
With TOD if TOD support is needed

Support regular ed and 504 DHH students
IEP documentation for DHH students
Consultative services with emphasis on
Accommodations

Teacher of the DHH (TOD)

Collaborate with regular and special ed staff
Provide direct service to students on an IEP
Collaborate with the audiologist on assistive
technology (FMs, etc.)
Provide ongoing intensive training to staff re:
the impact of the impairment and
Teaching strategies.

Support communication modality
IEP documentation for DHH students
Consultative/direct services with emphasis on
Modifications/accommodations

In our rural area, our Audiology and TOD services are one day per month in each area for the Audiologist and two days per month for the entire district for the TOD. Therefore, the initial contact and much of the direct service falls on the providers and teachers in the school. So what should the building level service providers do if they become aware of a student with hearing loss?

According to the information presented at this meeting by the hearing specialists at CDE, they should contact the audiologist if they become aware of a student that has a hearing loss or if a student with a known hearing loss is experiencing difficulties. The audiologist will monitor the student's educational performance using a questionnaire format. The building team will determine where the student falls on the service spectrum and the audiologist and TOD, as part of that team and as consultants for DHH students can provide input to help in that determination.

According to recently obtained state statistics, 9% of DHH students in Colorado are enrolled in Center-based programs, 25% are in neighborhood schools and have an IEP and **66% of DHH students are in neighborhood schools and not on an IEP**. Yet, according to the state's RTI manual, "Students with previously identified severe medical, physical or cognitive disabilities (including those with Autism, Downs syndrome, visual or Hearing disabilities, Deafness and/or blindness) may be referred directly for special education evaluation upon the school becoming aware of their level of need, whether the knowledge is the result of a private evaluation, student find screening or transfer". Yet most DHH students remain in the regular education domain according to our most recent statistics. This places them in the RTI spectrum because of the disability and its effects on their education.

The audiologist in our district monitors DHH kids with hearing testing and using the questionnaire format to monitor the classroom function of students with educationally significant hearing loss. She and the TOD look forward to being a part of the team at your school which helps to determine where the student fits in the spectrum of services.

If you have questions or would like further information our contact information is as follows:

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Response to Intervention Model for Behavioral Issues

by Lisa McClun, Ph.D., School Psychologist for Telluride School District

The Response to Intervention (RtI) model for identifying and addressing slower than expected academic progress is based on a three-tier model of intervention aimed at providing the most efficient level of intervention to help students become successful. The model is a replacement of the old model of identifying learning disabilities and determining eligibility for special education, which relied on a statistically-based discrepancy formula comparing cognitive abilities to academic skill level. The RtI model is developed based on researchers' evidence that learning disabilities are not accurately identified through the discrepancy model and, in fact, this model of identification does not lead to the most effective intervention for poor academic progress. By implementing different levels and intensities of intervention for students identified as not making appropriate academic progress, RtI provides a more accurate and efficient method of identifying and addressing learning problems/disorders.

This same model can be applied to students whose academic progress is seemingly hindered by behavioral issues. Applying the RtI method to students who are displaying excessive behavior or emotional problems can help decrease the likelihood that a special education referral is made, and that subsequent classification of Severe I Emotional Disorder (SIED) is given. The use of a functional behavior analysis (fba) remains the starting point for any student whose behavior is beginning to significantly impair academic progress. Through intense observation, the sequence of antecedent, behavior and consequence is identified and the motivation for and reinforcement of behavior can more accurately be hypothesized. This information then becomes the baseline for measuring the student's response to interventions.

For behavior issues, the first tier of interventions can include general classroom management strategies (card charts, point systems, whole class reinforcements), school-wide discipline policies, and general behavior goal setting at individual conferences. If a student's behavior is not responsive to implementation to these strategies, and academic performance slows or access is limited due to being out of the classroom for discipline reasons, then the level of intervention should be raised to a tier-two level. Following the RtI model for addressing slow academic progress because of possible learning issues, tier two interventions for behavior issues can include brief, individual conferences with the teacher to develop a goal, use of monitoring charts (Chart Moves, sticker charts, Stars & Sticks sheets, and self-monitoring charts), individual or small group counseling to address the specific problem behaviors (education, practice and monitoring of appropriate behaviors to exchange for the problem behavior), and frequent communication with care-givers. Time lines for goal review and success should be set, and both the decrease of the negative behavior as well as an increase of positive behavior should be measured and recorded. Data collection should be similar to the fba process, using observation and review of monitoring charts.

Should a student's behavior continue to hinder appropriate academic progress, despite tier two interventions, a referral for formal psycho-social assessment would be appropriate, again following the RtI model. A formal assessment would act as a further gathering of information, as well as provide a basis for tier three interventions. Following a meeting of the student intervention team, which would review all data collected during the tier one and two intervention periods, parents would be contacted for permission to assess. As parents should be included in both the tier one and two interventions, the request for formal assessment should not be a surprise. During the assessment period, tier three interventions can be implemented and documentation of the student's response would be maintained. Tier three interventions for behavior issues can include daily level systems (the student begins on level "0" each day and earns increasing levels and privileges based on behaviors), increased individual counseling with school professionals, contracts for behavior and academic progress, and possible change of placement.

Within the Telluride School District, two case studies involving students whose behaviors were significantly interfering with academic progress, have been successful using the RtI model. Both students have demonstrated significant, positive response to tier two interventions and have subsequently delayed referral for formal assessment, which had previously been suggested by the student intervention teams. Interventions have included individual and small group counseling with the school psychologist, individual goal setting and related behavior charts, daily positive reinforcement for appropriate behavior, support from community mentoring programs, participation in Brain-gym related movement classes, increase in access to physical movement during learning time, and access to a semi-isolated work space within the classroom. The most promising outcome for both students has not only been an increase in appropriate behaviors, but growth in academic progress and marked increase in positive social interactions with both peers and adults. Consistent review of the interventions and documentation of the students' responses at Individual Assessment and Measurement Plan (IMAP) meetings have helped maintain integrity of implementation of the interventions as well as making appropriate changes to maintain positive response by the students.

As special service providers make the changes to the RtI model to address slow academic progress in students, RtI also offers an effective model for addressing behavior difficulties in students who may otherwise not become successful learners.

SWAP in the Chinese Year of the Rat

By Dee Williams, UnBOCS SWAP Coordinator

The UnBOCS SWAP site has taken on a few new projects this school year. Last June I attended the Transition Conference in Breckenridge. The aim of the conference was to bring all districts up to speed on the requirements of Indicator 13. Indicator 13 “measures the percent of youth aged 16 and above with an IEP that includes coordinated, measurable, annual IEP goals and transition services that will reasonable enable the child to meet postsecondary goals”. Simply stated, are we preparing our students for life after high school?

As SWAP coordinator I am in each district, so I have been working with the Special Ed teachers, high school counselors, and principals to ensure that each student’s IEP will serve as a map for the next phase of life and that we will be in compliance with State and Federal requirements for Indicator 13.

I have been working with the Association of Builders and Contractors (ABC) to provide a vocational option for the Ridgway and Ouray school districts. The school boards of both districts have been very enthusiastic about the program and are now working with the ABC educational director to put the program in place, hopefully by next fall.

The SWAP is growing rapidly. The past two years, I have exceeded the target number of 20 clients. This year, so far, 32 young people are SWAP clients with pending intakes for another three. Since July clients have been employed as: carpenter, mechanic, diesel mechanic, tire technician, life guard, bell hop, eldercare provider, retail clerk, filing clerk.

We are paying for two students to attend vocational school and one student to complete his GED. A part time SWAP specialist was hired to support Norwood and the West End districts.

I feel the School Work Alliance Program has had many positive outcomes and I am looking forward to finishing out the Year of the Rat with a bang.

Children Love to Move

By Melissa Turner, UnBOCS Physical Therapist

Children love to move. And I love to teach children to move--from babies who just need a little boost to begin sitting and crawling, to preschoolers who have a hard time learning to hop and jump, to teenagers with severe physical disabilities who need help to stand up. Whether the child I’m working with is a tiny baby or nearly grown up, I make sure to always focus on his goals and take into account his perspectives. How do children set goals? It is obviously not the formal process we see in the adult world. Even the littlest preemies use body language to communicate needs. Older babies gesture and vocalize. Toddlers are great goal-setters: there’s usually no doubt what they want! Most older children tell me what they want to be able to do, but some use an adapted or augmentative communication system. I think I’ve become pretty adept at reading non-verbal communication over the years, too. Of course parents, siblings, grandparents, and caregivers are experts on their children’s needs, and often know just the thing that would make life much easier. It’s my job to take the goal (e.g. reach the cookie jar) and analyze the obstacles (not enough leg strength to step up on a stool to the counter) and make a plan to reach the goal (step up on a smaller stool repeatedly to build strength). I’ll break down the steps needed to reach the goal and use all the motivators I can find to bring the child closer to the goal. When they meet it...they will already be looking to the next goal! At every step I consider whether they have gained enough control over their body to achieve the next step without my help. Much as I love to teach movement, it is of course much more important for a child to progress with as little interference from me as possible. I spend a lot of time observing and waiting. It is so tempting to rush in and “help” that I have had to teach myself to check that all the components are available and to give the child time to figure out how to move all on their own. If the child gets to a point where they truly need another boost from me to figure out how to meet a new goal, I step back in and the cycle continues on.

Kitchen Math

By Virginia Stevenson, UnBOCS Early Childhood Specialist

The kitchen is where mom's spend a good deal of time, so why not use this natural place to increase your child's knowledge and have some fun at the same time?

Patterns are a way for babies to learn, (peek-a-boo; 1,2,3; pick-up/dump out; etc.). In the kitchen while you are washing dishes, you can count, talk about what you are doing, (washing 1 plate, 1 cup, 2 spoons, etc.), while baby is watching from his/her seat. Just making up songs about whatever you are doing and singing them to your baby is "silly fun" for you and him.

Toddlers love to have their own drawer full of "kitchen" stuff. Fill a low, easily opened drawer, or cupboard with funnels, measuring spoons/cups, small pans with lids, etc. While you are busy fixing dinner, they can be pounding away making their own concoctions.

Preschoolers are where the real fun begins. Any stirring project fits them to a T! Making pancakes is my favorite. They love to stir the mix, help add the ingredients, and with hand over hand help, they can even make their own pancake. After they make one, they usually are ready to eat and let you make the rest. Counting comes naturally with cooking, 1 egg, 2 Teaspoons, and so on. This is also a good time to talk about safety--"This is hot", "This is a tool Mom & Dad use to cut things", "First we wash our hands", etc. Setting the table is a good one to one corresponding math lesson, ("1 spoon for Daddy, 1 for Mommy, & 1 for me").

What is a Colorado BOCES

By the Colorado BOCES Association

Boards of Cooperative Educational Services (BOCES) are an important and vital part of the public educational system in Colorado. BOCES services are those needed by children, their families, and school personnel, which can be more efficiently provided across school districts. A better understanding of BOCES and how they operate will emphasize the important contributions of BOCES to the educational system in Colorado.

Colorado's BOCES (or Educational Services agencies) are unique in that they are an extension of the local member school districts. A BOCES in Colorado exists at the discretion of its members and provides only those programs and services authorized by its members.

BOCES is an acronym made up of the individual letters of the longer title—Board of Cooperative (Educational) Services. It is pronounced BO-Sees for a more simple and concise term. The statutory name of BOCES is Board of Cooperative Services, as set forth by Title 22, Article 5, C.R.S., Boards of Cooperative Services Act of 1965.

BOCES were established under the Boards of Cooperative Services Act of 1965 and upon adoption, the General Assembly declared:

"...this article is enacted for the general improvement and expansion of educational services of the public schools in the state of Colorado; for the creation of boards of cooperative services wherever feasible for purposes of enabling two or more school districts to cooperate in furnishing services authorized by law..."

Forty five states have established what are commonly known as Educational Service Agencies (ESA's) or Regional Educational Service Agencies (RESA's). In many states these agencies function at a regional level between the State Educational Agency and the local school district. It may serve as an extension of the State Educational Agency or it may operate as an independent agency from either state or local control.

To be continued in the next edition